

gested the following :  $\mathcal{R}$  Liq. Fowleri, grm. v ; aq. destill., grm. xv. M. Five drops to be given in a tumbler of water immediately after meals, and the dose to be increased by three drops every day until it reached thirty drops, after which it was to be slowly diminished. The constant current was another effective remedy in chorea, combined with tepid bathing, or the application of ice-bags to the spine.—*Medical Press and Circular*, Aug. 29, 1883.

HYOSCYAMINE IN ACUTE MANIA AND MELANCHOLIA.—At the meeting of the Canada Medical Association, in September last, a discussion took place upon the value of hyoscyamine in the treatment of mental disorders. Dr. Metcalf, of Kingston, said that, used hypodermically, it acts more quickly and surely than any other narcotic. A full hypodermic dose is gr.  $\frac{1}{10}$  for an adult male and gr.  $\frac{1}{12}$  for an adult female. Maniacs require larger doses than melancholics. Hypodermically, it usually acts in twenty minutes; by mouth, in about an hour. A reason for giving it hypodermically is, the dose is much smaller, which is a consideration, as it is very expensive. It should be given once a day, the dose to be increased slightly by use. It is said to impair the appetite, but Dr. Metcalfe doubts this. He had not seen any increase in the quantity of urine, as is usually stated. Dr. Hurd, of Pontiac, Mich., Dr. Clarke, of Toronto, and Dr. Troutman, of New York, commended the drug highly in mania and melancholia.—*Canada Med. and Surg. Jour.*, Sept., 1883.

THE ACTION OF ERGOTA SECALIS IN DELIRIUM TREMENS.—A writer in *Wratsch*, 37, 1882, says : After the use of 1 to 1½ grains of ergotin the delirium ceases in all ordinary cases of mania potu. Author thinks the effect is brought about by the action of the ergotin on the vessels of the brain.—*Ther. Gazette*, July, 1883.

THE TREATMENT OF MÉNIÈRE'S DISEASE.—Dr. Alan Reeve Manby writes : Mild cases of labyrinthine pressure, or, as called by Dr. Woakes (*Transactions of the International Medical Congress*, vol. ii, page 81), "Paresis of the Lower Cervical Ganglia," are not uncommon, and frequently yield to purgatives and tonics ; but where the lesion is inflammatory, or apoplectic, as in true Ménière's disease, counter-irritation with biniodide of mercury seems to promise the best results.—*British Medical Jour.*, Feb. 10, 1883.

CURE OF ACUTE BASEDOW'S DISEASE BY GALVANISM.—The foregoing is the title of a case reported by Hedinger, of Stuttgart. The patient, a married woman, aged forty-four, previously healthy, was attacked with the triple symptoms of exophthalmic goitre. Within two years the disease had progressed so rapidly that the patient's life was despaired of. Hedinger applied galvanism—at

first daily, then with intermissions. At the end of eight months she was nearly well. No peculiar methods of applying the electricity were used. The currents employed were mild.—*Corresp-Blatt des Würtl. arztl. Landesver.*, 1883, No. 17.

**TREPHINING FOR HEMIPLEGIA AND EPILEPSY.**—Dr. Demons (*France médicale*) read before the Société de Chirurgie, a report of an unusual operation. A man had two years before fallen upon his head and received a scalp-wound on the right side; he was unconscious for a time, and subsequently he had a crossed paralysis of the left arm and the right leg, which persisted for five months. He then became well, and remained so until last April, when he had an outbreak of epilepsy, the convulsions recurring every fifteen minutes for five or six days; he then became hemiplegic of the entire left side; his intelligence was also obscured.

In the absence of any local indication of depressed fracture, the site of the operation of trephining was selected opposite the middle of the fissure of Rolando. The periosteum being lifted up, a fracture was detected about an inch long; upon this the crown of the trephine was placed. The dura mater was slightly thickened; in the arachnoid he found and removed a small tumor formed by a hard substance; the subjacent cerebral surface was a little roughened. Following the operation, the hemiplegia and convulsions disappeared; there only remained some loss of tactile sense in the left hand, which had persisted since the accident. Success was attributed to antiseptic measures and closure of the wound.

In the discussion, M. Lucas Champonnière said that cases of trephining where there is nothing to indicate the site of the lesion on the surface of the cranium are rare, and that the above is, therefore, an instructive case; he believed that the operation, however, was indicated, even had a fracture of the skull not been found. He also referred to a case of trephining for traumatic epilepsy, nine years ago, in which the cure had been permanent.—*Cincinnati Lancet and Clinic.*, Sept. 8, 1883.

**TREPHINING FOR EPILEPSY.**—In an address delivered by Dr. J. A. MacDougall, some of the statistics regarding the value of trephining for epilepsy were collected; the records are as follows:

Collected by	Cases of Epilepsy Trephined.	Mortality.	Cured.	Relieved.	Not Relieved.
Eccheverria . . . . .	148	28	93	18	9
Walsham . . . . .	26		20		6
Russell . . . . .	50	6	24	4	10 no report.
Billing . . . . .	72	16	42	10	4
Totals . . . . .	296	50	179	32	29